EF-237-R03-0208-17000826-1 BOE-237 REV. 03 (02-08)

State of California, County of

## **EXEMPTION OF LOW-INCOME TRIBAL HOUSING**

## Richard Ford **County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

		Fax. 707-203-3703	
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	(tribe or tribally designated housing, ow	of the property described	
herein, states:	(tribe or tribally designated housing, ow	vner and/or entity)	
1. That as			
	(officer)		
2. of the			
2. 01 110	(name of tribe or tribally designated ho	ousing entity)	
3. the mailing address of which is	(give complete mailing addres	ZIP	
		55)	
the location of the property for which exemption	on is claimed is		
		ZIP	
(gi	ve complete address)		
5. That this claim for exemption is made for the 2	20 - 20 fiscal vear on	the leased property described above.	
·		s for tenants who are persons of low income as defined	
in section 50079.5 of the Health and Safety C charged do not exceed the limits provided in se	ode or applicable federal, state, ection 50053 of the Health and Samant affirming that the tenants' inc	or local financial assistance agreements and the rents afety Code or applicable federal, state, or local financial comes and rents do not exceed those limits is attached.	
7. That the property is owned and operated by a	n owner operator	owner/operator	
[ ] a federally recognized tribe (documentati	on required for first time filers)	<del>_</del>	
[ ] a tribally designated housing entity (docur inure to the benefit of any private sharehouse)		ers) which is nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, occupied by or held for occupancy by qualifyir		nt requiring that at least 30% of the housing units are	
	of the Revenue and Taxation Cod	buseholds, is also required to be filed with the Assessor le for those tribes or tribally designated housing entities	
FOR ASSESSOR'S USE ONLY	Whom	should we contact during normal business	
		hours for additional information?	
Received by	NAME		
Of(county or city)	ADDRESS (street, c	ity, state, zip code)	
	<del></del>		
On(date)			
	DAYTIME PHONE N	NUMBER EMAIL ADDRESS	
	( )		
	CERTIFICATION		
		fornia that the foregoing and all information hereon, complete to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

